

Denti-Cal Bulletin



VOLUME 20, NUMBER 26 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2004

CHANGE IN EXPLANATION OF BENEFITS (EOB)

Providers are issued an Explanation of Benefits (EOB) each week which lists, in detail, all activity on documents for accounting and tracking purposes. Listed on the weekly EOB are all paid claims, adjustments, and current status of pending documents. In addition, the EOB contains seminar information, accounts payable and receivable activity, and notification of direct deposit information. Each service office with claim activity receives an EOB which should be used for payment posting, account balancing, and monitoring the progress of documents in process as they go through the system.

Effective October 21, 2004, changes will be reflected on the EOB. In addition to existing information, Denti-Cal is adding or changing details as follows:

- ✓ A/R NBR remains the same.
- ✓ EFFECTIVE DATE remains the same.
- ✓ PREVIOUS BALANCE is now PRINCIPAL BALANCE.
- ✓ INTEREST APPLIED, if applicable, is the amount of interest applied to the outstanding A/R. Always factored in, it is now recorded.
- ✓ APPLIED is now PD, VOID, OR TRANSFERRED.
- ✓ CURRENT BALANCE remains the same.
- ✓ TRANSACTION TYPE reflects the type of payment transaction(s) if applicable.
- ✓ REMARKS remain the same.
- ✓ NON CLAIMS SPECIFIC A/R AMOUNT remains the same.
- ✓ CHECK AMOUNT remains the same.

Listed below is an example of the new EOB. Should additional changes occur, providers will be notified.

R		P		M		S		B																			
PATIENT NAME		MEDICAL I.D. NO.		SOCIAL SEC. NO.		SEX		BIRTH DATE																			
C	DOCUMENT CONTROL NO.	TOOTH CODE	PROC CODE	DATE OF SERVICE	STA-TUS	REASON CODE	AMOUNT BILLED	ALLOWED AMOUNT	SHARE OF COST																		
									OTHER COVERAGE																		
									AMOUNT PAID																		
** IF THERE IS A LACK OF RECENT DENTI-CAL ACTIVITY FOR THIS SERVICE OFFICE, ** THE OUTSTANDING BALANCE OF THE RECEIVABLE WILL BE REASSIGNED TO AN ACTIVE ** SERVICE OFFICE. RECEIVABLES (AMOUNTS YOU OWE US): ***** THE FOLLOWING IS ACCOUNT ACTIVITY NOT RELATED TO SPECIFIC CLAIMS: EFFECTIVE DATE PRINCIPAL BALANCE INTEREST APPLIED PD,VOID,OR TRANSFERRED CURRENT BALANCE TRANSACTION TYPE																											
A/R NBR:01907 REMARKS:INTERNAL ADJUSTMENT																											
08/01/04	600.00	0.00	0.00	600.00																							
	600.00	0.00	0.00	600.00																							
	600.00	0.00	0.00	600.00																							
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.00	.00	.00	.00	.00	.00																						

GINGIVECTOMY OR GINGIVOPLASTY TREATMENT PER TOOTH (FEWER THAN SIX TEETH)

When submitting Treatment Authorization Requests (TARs) for Procedure 474 (Gingivectomy or Gingivoplasty, Treatment per Tooth (Fewer Than Six Teeth)), providers are reminded that prior authorization, a periodontal evaluation chart, and diagnostic periapical radiographs are required. However, it is not necessary for Procedure 452 (Subgingival Curettage and Root Planing, per Full Mouth Treatment) to be performed six to nine months prior to requesting authorization for Procedure 474.

Denti-Cal has modified the following Adjudication Reason Codes to reflect this:

- 083** Procedures 472 and 473 may be a benefit following Procedure 452 and when the 6-9 month postoperative charting justifies need.
- 389** Pregnancy aid codes require a periodontal chart to perform 472 and 473. In addition, Procedure 452 must be in history, or documentation must be submitted stating why a prior 452 was not performed.

OMNI 3300 POS DEVICE

The Department of Health Services will be deactivating all Hypercom T-7 devices by October 2004. If you currently do not use the Verifone Omni 300 Point of Service (POS) device, please contact the POS Help Desk at 1 (800) 541-5555 for information on obtaining the new POS device.

REMINDER! UPCOMING SEMINARS

Check Denti-Cal Bulletins (Volume 20, Numbers 21 and 22) for specifics about these October seminars:

October 14, 2004	Advanced Seminar/D972	Stockton
October 15, 2004	Basic Seminar/D973	Sacramento
October 15, 2004	EDI Seminar	Sacramento
October 28, 2004	Basic Seminar/D974	Eureka
October 29, 2004	Advanced Seminar/D975	Eureka

EDI NEWS – ENROLLMENT INFORMATION

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, phone (916) 853-7373 and ask for EDI Support.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

“The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider’s mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.”

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

Check the boxes that apply to your practice:

☐ AAH (Alameda Alliance Health)

☐ GHPP (Genetically Handicapped
Persons Program)

☐ CCS (California Children’s Services)

☐ GMC (Geographic Managed Care)
Plan Name: _____

☐ DMC (Dental Managed Care)
Plan Name: _____

☐ HFP (Healthy Families Program)

☐ FQHC/RHC (Federally Qualified Health
Clinic/Rural Health Clinic)

Provider Name

Provider Number

Provider Signature